

DESCRIPTION OF FCANS PROGRAM

I. Purpose of the FCANS Program

A. Problem statement

- ✍ Child abuse and neglect (CAN) remains a serious societal problem in California.
- ✍ Fatal CAN is the most extreme consequence of CAN.
- ✍ Fatal CAN represents the number one cause of injury deaths for infants and a leading cause of injury death for the 1- 4 and 5-12 year old groups.
- ✍ The true incidence of fatal CAN, however, is not known (National estimates range from 1,000 – 2,600 child deaths per year).
- ✍ There are serious limitations with existing data sources in California for counting CAN fatalities.
- ✍ Better information is needed in order to develop more effective policies and interventions.

B. Creating solutions in California

- ✍ State Child Death Review Council oversees statewide training and data collection efforts for local Child Death Review Teams (CDRTs).
- ✍ Local CDRTs conduct in-depth reviews of child deaths, facilitate agency investigations, and collect case data.
- ✍ The FCANS Program was created to track CAN fatalities statewide.

C. Objectives

- ✍ Create a more accurate count of fatal CAN for California.
- ✍ Monitor trends in fatal CAN over time.
- ✍ Improve the identification, investigation, and prevention of fatal CAN.
- ✍ Strengthen the functioning of local CDRTs, including data collection.
- ✍ Generate hypotheses about the etiology of fatal CAN.
- ✍ Promote prevention efforts at the state and local levels.

II. Organization of FCANS Program

- A. The FCANS Program is administratively housed in the EPIC Branch, CA DHS.
- B. It functions under the general auspices of the State CDR Council as authorized in Section 11166.9 of the California Penal Code.
- C. Local CDRTs participate by submitting standard Data collection forms on cases that meet the state selection criteria.

III. Implementation of FCANS program

A. Development phase (July – September, 2000)

1. FCANS program established at EPIC.
2. Matrix for Classifying CAN fatalities completed.
3. Data Collection Form finalized.
4. Develop draft version of computer software for Data Collection Form.

B. Pilot Phase (October – December, 2000)

1. Program Kick-Off – October 22, 2000 at 14th Annual California Conference on Childhood Injury in Sacramento.
2. Implement use of hard copy version of Data Collection Form by local CDRTs.

3. Review, revise, and finalize Standards and Protocols based upon input from local CDRTs.
4. Develop working version of computer software for local CDRTs for completion of Data Collection Form.
5. Identified local fiscal agents for CDRTs, develop and negotiate contracts for reimbursement of local CDRTs for data forms submitted.
6. Provide technical assistance to local CDRTs as requested.
- C. Implementation phase (January 2001 - ongoing)
 1. Local CDRTs submit Data Collection Forms
 2. FCANS Program screens for state selection criteria, reviews, and enters data
 3. FCANS Program processes reimbursements for local reviews
 4. FCANS Program produces interim and annual reports

IV. Description of process steps for FCANS Program – Flow chart

- A. Local CDRT level
 1. Child death
 2. Reported to authorities – medical, coroner, law enforcement
 3. Investigations – ongoing
 4. Initial determination of cause of death
 5. Individual agency follow through based on case circumstances (law enforcement, CPS, District Attorney)
 6. Local Child Death Review Team (CDRT) review (based upon team selection criteria)
 7. Follow up reviews and investigations at request of CDRT (Optional)
 8. CDRT determination of cause of death and CAN Matrix completed
 9. CDRT prevention recommendations developed
 10. Hardcopy data collection form completed (local computer entry optional - software provided)
 11. IF state FCANS criteria met – submit hardcopy data form with name and unique ID number to authorized state representative
- B. State FCANS Program level
 1. Protocol for local contracts and maintaining control of forms and data implemented
 2. State review of data form for appropriateness (meet inclusion criteria)
 3. Data checked, cleaned, and entered into state computer database
 4. Use of unique ID number for data tracking (confidentiality of name maintained except for authorized use within FCANS and CDRT system)
 5. Follow up with local CDRT on data elements (as necessary)
 6. Reimbursement of local CDRT for case review
 7. Data analyzed
 8. Feedback to local CDRTs
 9. Reconciliation of CDRT data with state databases (using shared identifiers)
 10. Interim and Annual Report generated